

Fill in this information to identify the case:

Debtor name Pioneer Health Services, Inc.
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI
 Case number (if known): 16-01119

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim

LEASING INNOVATIONS 261 NORTH HIGHWAY 101 SOLANA BEACH, CA 92075	\$ 940,893.06
PEOPLES BANK PO BOX 7 MENDENHALL, MS 39114	\$ 365,803.19
FIRST FINANCIAL DEPT #2067 PO BOX 897618 CHICAGO, IL 60680	\$ 137,676.23
UNITED HEALTHCARE MEDICAL INSURANCE, DEPT CH10151 PALATINE, IL 60055	\$ 104,427.48
HEALTHCARE CODING & CONSULTING 8000 SUMMERLIN LAKES DR., SUITE 200 FORT MYERS, FL33907	\$ 96,961.91
COMPLIANCE 360 210 ROUTE 4 EAST SUITE 103 PARAMUS, NJ 7652	\$ 84,551.44
RELAYHEALTH, INC. PO BOX 98347 CHICAGO, IL 60693	\$ 62,873.81

Debtor **Pioneer Health Services, Inc.**
NameCase number (if known) **16-01119**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
EASTERN ALLIANCE INSURANCE GRP PO BOX 206 EAST PETERSBURG, PA 17520						\$ 47,856.66
COMMERCIAL STATIONERY 723 SCOOBA STREET HATTIESBURG, MS39401						\$ 46,569.92
HEALTHTECH SOLUTIONS GROUP LLC 5110 MARYLAND WAY SUITE 200 BRENTWOOD, TN37027						\$ 39,562.50
MDB BEHAVIORAL HEALTH SERVICES 232 MARKET STREET FLOWOOD, MS 39232						\$ 36,000.00
CIGNA HEALTH & LIFE (MEDICAL) PO BOX 644546 PITTSBURG, PA 15264						\$ 30,677.97
MEDONE PO BOX 708278 SANDY, UT 84070						\$ 28,493.47
PURCHASE POWER MAGEE PO BOX 856042 LOUISVILLE, KY 40285						\$ 26,391.50
HP ACCT RECEIVABLE 11311 CHINDEN BLVD MS 305 BOISE, ID 83714						\$ 26,114.24
INSIGHT PO BOX 731069 DALLAS, TX 75373						\$ 24,636.88
LOGICAL FRONT 3080 SKYVUE CIRCLE WEST JORDAN, UT 84088						\$ 23,202.49
THE BURGESS GROUP PA 2506 LAKELAND DR STE 401 JACKSON, MS 39232						\$ 20,825.00
PURCHASE POWER MAGEE PO BOX 856042 LOUISVILLE, KY 40285						\$ 16,072.20
STROUDWATER ASSOCIATES 50 SEWALL STREET STE 102 PORTLAND, ME 04102						\$ 15,183.29